GLOBAL MEDI-CAL DRUG USE REVIEW (DUR) BOARD
MEETING MINUTES
Tuesday, May 19, 2020
9:30 a.m. – 12:30 p.m.

Location: WebEx Only

Topic	Discussion
1) WELCOME/ INTRODUCTIONS/ ROLL CALL/ ANNOUNCEMENTS	• The Global Medi-Cal Drug Use Review Board (the "Board") members and meeting attendees introduced themselves. • Board members present on the webinar included Drs. Timothy Albertson, Michael Blatt, Lakshmi Dhanvanthari, Jose Dryjanski, Stan Leung, Johanna Liu, Janeen McBride, Yana Paulson, Randall Stafford, Marilyn Stebbins, Vic Walker, and Andrew Wong. • Board member absent: Dr. Robert Mowers. • DHCS Pharmacy Benefits Division (PBD) staff present on the webinar included Samira Ahantab, PharmD, Pauline Chan, RPh, MBA, David Do, PharmD, Paul Nguyen, PharmD, Emily Schulz, PharmD, Ivana Thompson, PharmD, Dorothy Uzoh, PharmD, and Jose Villalobos, MPA. • Representatives from other Medi-Cal managed care plans (MCPs) present on the webinar included Yasmeen Altawaty, PharmD (CalOptima), Jeffrey Bencini, PharmD (Alameda Alliance for Health), Barrie Cheung, PharmD (Health Plan of San Mateo), Clarence Chung, PharmD, MBA (Kaiser), Anthony Dao (AIDS Healthcare Foundation), Matthew Garrett, PharmD (Health Plan of San Joaquin), Kris Gericke, PharmD (CalOptima), Nicki Ghazanfarpour, PharmD (CalOptima), Lisa Ghotbi, PharmD (San Francisco Health Plan), Adam Horn, PharmD (CenCal Health), Dang Huynh (Santa Clara Family Health Plan), Amit Khurana, PharmD (Aetna Better Health of California), Helen Lee, PharmD, MBA (Alameda Alliance for Health), Susan Leong, PharmD (Health Net), Susan Nakahiro, PharmD (Blue Shield of California Promise Health Plan), Jenny Nguyen, PharmD (San Francisco Health Plan), Lynette Rey, PharmD (Partnership HealthPlan of California, Inc.), Navneet Sachdeva, PharmD (Central California Alliance for Health), Ankit Shah, PharmD (UnitedHealthcare Community Plan of California, Inc.), Ming Shen, PharmD (Health Plan of San Mateo), Jessica Shost, PharmD (San Francisco Health Plan), Flora Siao, PharmD (California Health & Wellness), Ashley Teijelo, PharmD (Community Health Group), Mimosa Tran, PharmD (Molina Healthcare of California Partner Plan, Inc.), Bruce Wearda, RPh (Kern Family Heath Care), Lily Xia, PharmD (Santa Clara Family Health Plan), Andrew Yau, PharmD (Health Plan of San Mateo), and Adam Yu, PharmD (CalOptima). • Ms. Chan established there was a quorum for this meeting and instructed attendees to use the chat feature to share information or ask questions during the webinar. Ms. Chan then shared an updated list of links to federal and state COVID-19 resources. Ms. Chan thanked all front line medical providers for their hard work and selfless service, and noted that at the end of the Board meeting all webinar attendees were welcome to join DHCS in a collective salute to honor health care workers.
2) CALL TO ORDER/ GUIDELINES/ ROBERT'S RULES	The Chair of the Board, Dr. Timothy Albertson, called the meeting to order. Dr. Albertson reviewed the general meeting guidelines and stated that everyone should have the mindset to be courteous, respectful, and open-minded. Dr. Albertson then provided a brief summary of Robert's Rules of Order.

3) REVIEW AND APPROVAL OF PREVIOUS MINUTES FROM FEBRUARY 25, 2020	The Board reviewed the minutes from the Board meeting held on February 25, 2020. Edits received from Dr. Wong were reviewed. Dr. Paulson motioned that the minutes be approved with these edits incorporated. The motion was seconded. There was no discussion. The Board voted to approve the minutes. **AYE:** Albertson, Blatt, Dhanvanthari, Dryjanski, Leung, McBride, Paulson, Stebbins, Walker, and Wong **NAY:** None **ABSTAIN:** None **ABSENT:** Liu, Mowers, and Stafford **ACTION ITEM**: Post the February 25, 2020 minutes to the DUR website.
4) OLD BUSINESS	**a.** Review of Board Action Items from February 25, 2020. i. Conduct a retrospective DUR review of psychotropic medication use over time by class among Medi-Cal beneficiaries 18 years of age or younger, stratifying by prescriber specialty and foster care status (if possible) – Ms. Chan noted this topic was approved by DHCS and the review is scheduled to be presented at the September 2020 Board Meeting. ii. Revise the bulletin on fluoroquinolones and complete educational outreach to prescribers with a focus on urinary tract infections (UTIs) – Ms. Chan noted the revised bulletin has been published and outreach proposal is on the agenda for discussion today. iii. Publish an educational bulletin on tapering of benzodiazepines and opioids and complete biannual educational outreach on this topic – Ms. Chan stated this topic was approved and has been added to the queue. iv. Publish an educational bulletin on strategies to increase the childhood immunization quality measures – Ms. Chan reported this topic was approved by DHCS. Ms. Fingado stated that the plan is to incorporate this information into the upcoming immunization bulletin scheduled for publication in September 2020. **b.** Recommended Action Items for MCPs from February 25, 2020: Ms. Chan presented the recommended action items for MCPs from the Board meeting held on February 25, 2020. Recommendations are separated into two categories: required action items and suggested action items. **c.** FFY 2019 DUR Annual Report to CMS: Managed Care Organization (MCO) Survey – Ms. Chan stated that her slides were prepared before the latest release on May 1, 2020, by the Centers for Medicare & Medicaid Services (CMS). Ms. Chan reported that starting with the FFY 2019 report, CMS will be posting the individual managed care plan reports on their website. Ms. Chan noted they will be posted to a public website so any proprietary information should not be included in the annual reports. Ms. Chan stated that the submission deadline for managed care annual reports to DHCS is July 1, 2020. Ms. Chan then provided a brief overview of the MCO survey for the FFY 2019 annual report. Dr. Stafford asked about the data available on use of antipsychotics for patients not in foster care. Ms. Chan noted that these data would be presented at the September 2020 Board meeting. Ms. Chan reported that aid code data are available to stratify beneficiaries by foster care status. Dr. Albertson asked if we had seen these data before. Dr. Stebbins thought that we had seen this information as well. Ms. Amanda Fingado (UCSF) reported that Dr. Linette Scott had presented similar data for the foster care population at a previous meeting. Ms. Fingado stated the upcoming presentation would include data from both foster care and non-foster care populations and would cover all psychotropic medication use over time. Dr. Siao asked if the health plans need to populate the carve-out related questions on the MCO survey with the information available for the fee-for-service (FFS) population. Ms. Chan noted CMS addressed this topic in the survey instructions and it was also covered in the All Plan Letter (APL #19-012).

d. Global DUR Board Activities:

i. Update: Asthma Affinity Group – Ms. Chan reported that DHCS did not apply for the asthma affinity workgroup due to competing priorities in March 2020. Ms. Chan noted this does not impact plans to conduct quality improvements related to asthma outside of the workgroup.

ii. Update: Antihyperglycemic Medications – Ms. Chan noted there were no known barriers provided by MCPs with regards to antihyperglycemic medications and an educational bulletin on this topic is in progress for publication this summer.

e. Pharmacy Update: Medi-Cal Rx and HR6 – Dr. Thompson reported that DHCS continues to have regular Medi-Cal Rx meetings with Magellan and stakeholders. Dr. Thompson noted that DHCS is working to keep stakeholders and the public informed and shared that DHCS has a revised set of FAQs that will be published in the next week or two. DHCS high-level policy during the transition has been updated to reflect a 120-day transition period and the original proposal to remove all prior authorization (PA) requirements has been changed. Dr. Thompson stated there might now be some PA requirements for new-start therapies, while patients with existing PAs will be grandfathered during the120-day transition. DHCS will review the use of past therapies and past encounters to project anticipated encounters and potential gaps in coverage. Dr. Thompson noted that this process has been going on for the past year, however this year more frequent data pulls will be performed for review. In addition, Dr. Thompson stated that a review of current strengths and dosage forms on the Medi-Cal List of Contract Drugs (CDL) is underway. Dr. Thompson recommends subscribing to the Pharmacy *Medi-Cal Update* bulletin to receive updates to the CDL as they are published. Dr. Thompson reported that DHCS would be reaching out to plans soon regarding individual areas of opportunity to develop strategies for transition of membership. She also noted the 120-day transition plan is available to the public on the DHCS website.

Mr. Walker asked if the Medi-Cal Rx timeline has been impacted by COVID-19. Dr. Thompson noted they are still on schedule and there have been no anticipated changes to the timeline as of today. Dr. Dao asked about the duration of grandfathered PAs, specifically would they be accepted until the PA expires or the end of the 120-day transition period, or whichever is later. Dr. Thompson stated that the high-level response is that PAs will be accepted until they expire or until the end of the 120-day transition period and existing therapies will be covered by the 120-day transition.

Dr. Siao asked if all non-formulary or PA drugs would be grandfathered in 2021. Dr. Thompson clarified that for existing continuation of therapy these drugs would be grandfathered but for a patient who is a new start, a PA will be required. Dr. Thompson also mentioned that DHCS is looking into plans' lifetime PAs but couldn't provide the details.

Dr. Blatt inquired about DUR clinical activities for managed care plans and noted that MCPs were told that APLs would be forthcoming. Dr. Blatt asked about the timeline for these APLs and recommended that the Global DUR Board be involved. Dr. Thompson stated that due to COVID-19 there is not yet a firm timeline, but plans would be invited to participate in the development. Dr. Thompson reminded the Board that the RxCarveout mailbox could be used at any time to input suggestions and/or concerns. Dr. Blatt motioned that the Global DUR Board be actively involved in advising and drafting APLs outlining the DUR criteria for managed care clinical activities. Dr. Stebbins seconded the motion.

Mr. Walker stated he would like to hear from DHCS as to what the workload would be for DHCS. Dr. Thompson stated she could not answer that question at this time, as the details had not yet been worked out. Dr. Thompson encouraged plans to provide feedback and submit any suggestions through the usual channels. Dr. Thompson noted that the Board meets quarterly and only has two more meetings planned this year. Dr. Thompson

	suggested that if a Board member would like to lead the effort and draft a proposal for the next Board meeting that might be an option. Dr. Albertson asked if the Medi-Cal Rx advisory group could submit their recommendations to the Board for review. Dr. Thompson stated that the workgroup that represents MCPs and other associations is not a public forum like the DUR Board meetings. However, she noted some Board members are also members of this workgroup and could report out to the DUR Board. Dr. Stafford noted that he agreed with Dr. Blatt and he also worries about disconnect between the management of the whole patient and management of medications with the prescription drug benefit being separate. Dr. Stafford stated he thinks it makes sense to have overlap of input and memberships between groups. Dr. Stafford said he thinks that because the Board is public its recommendations should be considered by DHCS and this could help DHCS with transparency. Dr. Stafford advised the Board to move forward with a statement to be presented to DHCS that would address whole person management. Dr. Thompson stated she agrees strongly that the purpose of the Board is to advise DHCS and that managed care plans still have responsibility for care coordination. Dr. Thompson stated that DHCS is working with plans to confirm they have what they need. Ms. Chan stated that CMS has provided guidance to plans on the DUR report. Dr. Siao asked if Ms. Chan was referring to how health plans must populate the carved-out drugs section of the report. Ms. Chan responded that CMS states that plans with carved-out drugs must coordinate care and that this is included in the APL. Dr. Blatt noted that while Medi-Cal Rx has been clear regarding what is expected, what care coordination means is vague and can have different meanings for different plans. Dr. Blatt proposed guidance and leadership to help define care coordination, including more transparency about the type of programs and the level of care expected. Dr. Paulson agreed with this and stated that before January there needs to be a very clear delineation of what will be the responsibility of the plans and what will be the responsibility of DHCS. Dr. Paulson requested all of this be included in an APL as plans need clarity. Dr. Blatt agreed that best practices are great, but until they become mandates by DHCS they won't be universally implemented, especially for plans with limited funding. Dr. Blatt reiterated his position that the Board needs to be involved in these recommendations and outline specific activities for plans to implement. Dr. Paulson stated she thinks it is important for this discussion to take place in a public setting like the Board meetings, in order to allow participation and input from other agencies. Dr. Thompson noted that while she understands the concern regarding working with various stakeholders, the DUR by-laws potentially restrict communication between Board members related to Board activities outside of the public Board meetings. Dr. Thompson noted the Medi-Cal Rx mailbox is always open for suggestions and reiterated that Board members currently participating in the workgroups could be a lead point person to keep the Board informed. Dr. Khurana asked if templates for the member letters would be provided so individual plans don't have to submit their letters to DHCS for approval. Dr. Thompson reported there are many work streams in progress for outreach and that plans will be given materials including telephone scripts and language for letters. Dr. Paulson asked about the flow of APLs, including who initiates a new APL, how does the APL get approved, and is the APL ever presented to the public. Dr. Khurana asked if there was a timeline yet for plans to receive APLs and materials. Dr. Thompson stated that APLs are developed for many different reasons and the timeline is flexible depending on circumstances. Dr. Thompson reported APL drafts are posted for public comment. Dr. Albertson noted there was a proposed motion on the table for the Board to review APLs and care coordination activities to allow open discussion. Mr. Walker asked for Dr. Blatt to repeat the motion word for word, so it is captured in the minutes. Dr. Blatt stated he motioned to have input in the development of the All Plan Letter (APL) involving

	managed care plan (MCP) activities of care coordination, medication adherence, and fraud, waste and abuse (FWA). There was no further discussion. The motion was passed. **AYE:** Albertson, Blatt, Dhanvanthari, Dryjanski, Leung, Liu, McBride, Paulson, Stafford, Stebbins, Walker, and Wong **NAY:** None **ABSTAIN:** None **ABSENT:** Mowers **ACTION ITEM**: The DUR Board recommendation to have input in the development of the All Plan Letter (APL) involving managed care plan (MCP) activities of care coordination, medication adherence, and fraud, waste and abuse (FWA) will be submitted to DHCS. Dr. Thompson then reported Medi-Cal FFS data from the 4th quarter of 2019 (Q42019) related to H.R. 6, the SUPPORT for Patients and Communities Act (SUPPORT Act), including the number of beneficiaries not residing in long-term care (LTC) facilities that had concomitant use of opioids and benzodiazepines for 30 days or more or concomitant use of opioids and antipsychotic medications for 30 days or more. Dr. Thompson noted that 3% of beneficiaries with concomitant use of opioids and antipsychotic medications for 30 days or more during the quarter were taking two or more antipsychotic medications. Dr. Albertson asked if providers were notified about the concomitant use. Ms. Fingado stated this was a first look at these data in order to establish baseline numbers, and that educational interventions would be considered in the future.
5) NEW BUSINESS	**a**. UCSF Update i. Review of DUR Publications presented by Dr. Lynch • Alert (March 2020): Montelukast – Dr. Lynch let the Board know that the DUR educational alert entitled, "Drug Safety Communication: Mental Health Side Effects from Montelukast," published in March 2020. • Alert (April 2020): Ranitidine – Dr. Lynch let the Board know that the DUR educational alert entitled, "Drug Safety Communication: Withdrawal of All Ranitidine Products," published in April 2020. • Updated Bulletin (April 2020): Fluoroquinolones – Dr. Lynch let the Board know that updates to the DUR educational bulletin entitled, "Improving Quality of Care: Update of Risks Associated with Use of Fluoroquinolones," published in January 2020. • Discussion/Recommendations for Future Educational Bulletins – The calendar for future DUR educational bulletins was reviewed. ii. DUR Educational Outreach to Providers • Final Outcomes: MEDD 2019 Letter – Ms. Fingado presented final outcomes from the 2019 mailing that aimed to educate providers about morphine equivalent daily dose thresholds and updated legislation regarding prescribing opioids in California. Ms. Fingado reported that the study population included 87 Medi-Cal fee-for-service beneficiaries with at least 1 paid claim > 120 mg MEDD since January 1, 2019. A total of 85 prescribers were identified for educational outreach letters, which were mailed on April 26, 2019. Each letter included patient profiles, the updated Medi-Cal DUR MEDD article, a naloxone handout, and provider response surveys. Ms. Fingado reported that among the 68 beneficiaries (78%) that remained continuously eligible after the 6-month period following the mailing of the intervention letter, a total of 42 (62%) had a paid claim exceeding > 120 mg MEDD in the 6-month period following the mailing. Regarding secondary outcomes in the 6-month period following the mailing, 53% of continuously-eligible beneficiaries had received a prescription opioid medication as part of a narcotic withdrawal treatment plan, 3% had a hospital or emergency department visit due to opioid overdose, and 51% had a paid claim for take-home naloxone. Further, Ms. Fingado reported that a total of 22 beneficiaries (32%) were taking buprenorphine only or no opioids at all after 12 months. Ms. Fingado also stated that when cumulative MEDD > 120 mg in the 6-month period prior to the mailing

	was compared with cumulative MEDD > 120 mg in the 6-month period following the mailing, a decrease was observed in 38 (68%) of beneficiaries. The response rate (within 90 days) was 19% and the returned mail rate was 6%. Dr. Stebbins noted that the two MEDD mailings yielded similar results, although the most recent mailing showed an increase in the use of naloxone. Dr. Stebbins asked if this was after the offering of naloxone was required. Ms. Fingado stated that the mailing coinciding with the updated regulations, so many of the beneficiaries already had a paid claim for naloxone before the mailing due to this regulation. Ms. Fingado noted that the first MEDD mailing was sent out before the naloxone regulation and none of the study population had a paid claim for naloxone before the mailing at that time. Dr. Paulson stated that due to Medi-Cal Rx the population for mailings would be much greater in 2021. Dr. Paulson asked if there would be capacity to handle this increase. Ms. Fingado noted that while UCSF would still be involved with the new contract, the physical mailing of the letters will no long be the responsibility of UCSF. Ms. Fingado asked DHCS to provide clarification. Ms. Chan noted that UCSF would continue as the academic subcontractor. Dr. Dhanvanthari stated that if mailings are going to be an expectation of the individual health plans, they will need to know. Dr. Paulson asked if Magellan would be attending DUR Board meetings and would the Board then be sending recommendations for mailings to Magellan. Ms. Chan stated that they are working with Magellan and would provide more information to plans about mailings as soon as possible. • Update: Montelukast Letter – Ms. Fingado provided a mailing update regarding an educational outreach letter that aimed to inform health care providers of the possible risks associated with use of montelukast. She reported that a total of 223 letters were mailed on April 24, 2020, to the top 223 prescribers of montelukast (by total number of FFS patients prescribed montelukast during 2020) in the Medi-Cal program. Ms. Fingado noted that while these prescribers represented only 3% of all prescribers of montelukast, they were responsible for 26% of all montelukast prescriptions to FFS patients. Each prescriber was sent a letter that included the Medi-Cal DUR bulletin on montelukast and a provider survey. Ms. Fingado stated that final outcomes would be presented at the Board meeting in September of 2021 and stated the primary outcome is the % of continuously-eligible patients with paid claims for montelukast treatment within the 12 months following the mailing and the secondary outcome is the % of continuously-eligible patients with paid claims for montelukast and concomitant diagnosis codes indicating mental health side effects within 12 months following the mailing. Ms. Fingado noted that the final response rate and undeliverable rate (within 90 days of mailing) would be reported at that time as well. Dr. Albertson noted the literature is soft on this topic. The Board suggested a more robust approach with regards to outcomes and to account for existing mental health comorbidities. • Update: Ranitidine Letter – Ms. Fingado provided a mailing update regarding the educational outreach letter focused on ranitidine that aimed to inform health care providers about the immediate withdrawal of ranitidine from the US market and to offer health care providers alternate treatment options, including no treatment (when indicated). She reported that a total of 597 prescriber letters were mailed on May 8, 2020, regarding paid claims for 706 FFS beneficiaries with prescriptions for ranitidine active beyond April 1, 2020. Each prescriber was sent a letter that included the Medi-Cal DUR bulletin on ranitidine, patient name and date of birth, ranitidine claims data, and a provider survey. She stated that final outcomes would be presented at the Board meeting in February of 2021 and noted that the primary outcome is the percentage of continuously-eligible patients with no paid claims for alternative medications within 6 months following the mailing and the secondary outcome is the percentage of continuously-eligible patients with paid claims for histamine-2 blockers and proton-pump inhibitors within 6 months following the mailing. Ms. Fingado noted that the final response rate and

undeliverable rate (within 90 days of mailing) would be reported at that time as well.

- Proposal: Fluoroquinolones and UTI Letter – Ms. Fingado reported that a 2019 review of paid claims for fluoroquinolones found 34% of fluoroquinolones in the Medi-Cal fee-for-service program were prescribed for uncomplicated UTI. Ms. Fingado proposed an educational letter to inform health care providers about the risks associated with fluoroquinolones and to offer health care providers alternate treatment options for uncomplicated UTI. The top prescribers by total number of community-dwelling FFS patients prescribed fluoroquinolones for an uncomplicated UTI since January 1, 2020 will be included in the study population and prescribers will receive a letter including the Medi-Cal DUR bulletin on fluoroquinolones and a provider survey. Ms. Fingado stated that final outcomes would be presented at the February 2021 meeting and would include both the primary outcome (total fluoroquinolones prescribed to community-dwelling patients for uncomplicated UTI within 6 months following the mailing) and secondary outcome (total trimethoprim/sulfamethoxazole and nitrofurantoin monohydrate/macrocrystals prescribed to community-dwelling patients for uncomplicated UTI within 6 months following the mailing). Ms. Fingado noted that the final response rate and undeliverable rate (within 90 days of mailing) would be reported at that time as well.

- Ms. Fingado shared the list of approved educational outreach topics, including those that are in progress. There was no discussion.

iii. Prospective DUR: Fee-for-Service

- Review of DUR Alerts for New Generic Code Numbers (GCNs) in 1Q2020 (January – March 2020): At each Board meeting, a list of new GCN additions with prospective DUR alerts turned on other than DD, ER, and PG are provided to the Board for review. At this meeting, the Board reviewed the alert profiles for the following drugs:
  - DIAZEPAM – Additive Toxicity (AT), High Dose (HD), Low Dose (LD)
  - DICLOFENAC/SILICONE, ADHESIVE – Drug-Allergy (DA), Drug-Disease (MC), Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
  - EMPAGLIFLOZ/LINAGLIP/METFORMIN – Drug-Disease (MC), Therapeutic Duplication (TD), High Dose (HD), Low Dose (LD)
  - ESTRADIOL – Drug-Disease (MC)
  - IBUPROFEN – Drug-Allergy (DA), Drug-Disease (MC), Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
  - LUMATEPERONE TOSYLATE – Drug-Disease (MC), Therapeutic Duplication (TD), Late Refill (LR), Additive Toxicity (AT), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
  - METFORMIN HCL – Drug-Disease (MC), Therapeutic Duplication (TD), High Dose (HD), Low Dose (LD)
  - OMEPRAZOLE/AMOXICILLIN/RIFABUTIN – Drug-Allergy (DA), Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
  - SOD, POT CHLO/SOD CIT/RICE/WHEY – Drug-Disease (MC), Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
  - SOD, POT CHLOR/SOD CIT/RICE SYR – Drug-Disease (MC), Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
  - TRAMADOL HCL – Drug-Disease (MC), Therapeutic Duplication (TD), Additive Toxicity (AT), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)

There were no questions or objections to these alert profile recommendations. There was no further discussion.

iv. Retrospective DUR

- Global Quarterly: 4Q2019 (October – December 2019) – Ms. Fingado presented the Global Quarterly Medi-Cal DUR report for 4Q2019. This quarterly report contains all pharmacy utilization data for the Medi-Cal program. Utilization data are presented in aggregate, and then stratified by FFS or MCP enrollment status and the following population aid code groups:
  - Affordable Care Act (ACA)
  - Optional Targeted Low-income Children (OTLIC)
  - Seniors and Persons with Disabilities (SPD)
  - All other aid codes not categorized as ACA, OTLIC, or SPD (OTHER)

  The Board recommended no changes to the report template and there was no additional discussion.

- Global Annual Report: Calendar Year 2019 – Ms. Fingado presented the Global Annual Report for calendar year 2019, noting that only 19% of eligible FFS enrollees had a paid pharmacy claim compared with 45% of eligible MCP enrollees. Ms. Fingado also stated that when calendar year 2018 data were presented last year, the Board asked for more frequent (quarterly) reports. Ms. Fingado shared that since that meeting there has been a global quarterly report presented at each Board meeting, including all drugs processed through both FFS and MCP. Ms. Fingado then asked if the Board was interested in continuing this report, stating she would continue to provide both quarterly and annual global reports as long as the Board found value in the reports. The Board did not have any suggestions for modifying reports. Ms. Fingado noted that there would be some changes to these reports starting in 2021 due to the transition to Medi-Cal Rx, but that for the rest of 2020 the reporting schedule would remain as agreed upon by the Board in 2019.

- FFS Quarterly Report: 1Q2020 (January – March 2020) – Ms. Fingado presented the Medi-Cal fee-for-service quarterly DUR report for the 1st quarter of 2020, which includes both prospective and retrospective DUR data. This quarterly report contains fee-for-service pharmacy utilization data presented in aggregate, and then stratified by Medi-Cal FFS enrollees only and by Medi-Cal managed care plan (MCP) enrollees only. This report includes all carved-out drugs processed through the FFS program. Ms. Fingado noted that 15% of eligible Medi-Cal FFS enrollees had a paid claim through the Medi-Cal fee-for-service program, compared with only 2% of Medi-Cal MCP enrollees. Ms. Fingado also pointed out that among FFS enrollees, there was a 49% increase in average paid claims per day and a 48% increase in total utilizing beneficiaries with a paid claim in comparison to last year for oseltamivir phosphate.

  Dr. Albertson asked if the spike noted for oseltamivir phosphate was higher in 2020 than 2019. Ms. Fingado said that it was, but really only for January, where it tracked with an increase in reporting of influenza-like illness (ILI) in California during 2020. Ms. Fingado noted there was a decrease in paid claims for February and then only a slight increase during March, which again was consistent with ILI reporting. Dr. Albertson stated that the increased utilization seems to be consistent with observed seasonal variances in influenza from 2019 to 2020, given the incidence of influenza was higher this year than last year. Mr. Walker asked if this could be possible use for COVID-19. Ms. Fingado noted that the utilization dropped in February and March when reported COVID-19 cases began in California and stated that the increase in paid claims from the previous year was only during January.

- Quarterly Evaluation Report: 1Q2020 (January – March 2020) – Ms. Fingado reminded the Board that quarterly evaluation reports have replaced the biennial report, which was due to be presented in February 2021. Ms. Fingado then presented a summary of the report published in the 1st quarter of 2020, which covered the following six educational articles published during the 2nd and 3rd quarters of 2017:
    - Improving the Quality of Care: Overutilization of Proton Pump Inhibitors – April 2017
    - Alert: Medi-Cal Expands Access to Adult Immunizations in Pharmacies – April 2017
    - Drug Safety Communication: Risks of Codeine and Tramadol Use in Children – May 2017
    - Clinical Review: Drug-Induced QT Interval Prolongation – August 2017
    - 2017 Immunization Updates: Influenza, HepA, Meningococcal, HPV, Adult Vaccines – September 2017
    - Alert: Online Report to the Vaccine Adverse Event Reporting System (VAERS) – September 2017

  Dr. Wong asked if concomitant nonsteroidal anti-inflammatory drug (NSAID) and steroid use was accounted for as potentially appropriate use of a proton-pump inhibitor (PPI). Ms. Fingado stated that other potentially appropriate uses beyond the conditions listed were not evaluated and reminded the group this is a follow-up evaluation of the original bulletin, so the original methods were strictly followed to allow for comparison over time. Dr. Stebbins suggested revisiting the PPI topic and consider new areas to focus on for education. Dr. Stebbins also stated the group should consider alternatives to PPIs in more detail in another bulletin. Dr. Paulson asked if there was a difference in prescribing of PPIs noted over time. Ms. Fingado and Dr. Lynch reviewed the results and utilization over time. Dr Albertson noted that the absolute number of beneficiaries with at least one paid claim for a PPI increased. Dr. Albertson stated that regardless of the potential cause, this is not the direction we want to see utilization trending. Dr. Albertson suggested there could be other factors influencing this trend beyond addition of omeprazole to the Medi-Cal CDL or regulatory actions regarding ranitidine (even before its removal from the market). Ms. Chan suggested it would be useful if health plans could share best practices regarding use of proton-pump inhibitors.

  Dr. Stafford asked if the increase in potential adverse cardiac events noted on the QT prolongation results could be the result of the increased ECG testing that was being done in the study population. Ms. Fingado agreed that this was possible. Dr. Stafford noted that the most frequent adverse event reported was long QT syndrome, which would be identified from an ECG. Dr. Wong asked if we should look at recent use of hydroxychloroquine or hydroxychloroquine in combination with azithromycin and whether patients are getting ECGs on these drugs. Ms. Fingado noted that while hydroxychloroquine use saw a slight increase in utilization in March 2020 in comparison to the prior year, utilization had decreased in April 2020 and was close to utilization levels from the prior year.

- Hepatitis C Virus (HCV) Drugs: Calendar Year 2019 – Dr. Lynch presented results of a retrospective DUR review of medications used to treat hepatitis C virus (HCV) infection. She presented paid claims for all HCV medications with dates of service between October 1, 2018, and September 30, 2019 (FFY 2019), in both the Medi-Cal FFS and MCP population. Dr. Lynch noted that in comparison with FFY 2018, there was increased use of glecaprevir/pibrentasvir and sofosbuvir/velpatasvir. She reported that HCV treatment policy guidelines were modified by DHCS in March 2020, in order to more closely align with American Association for the Study of Liver Diseases (AASLD) and the Infectious Diseases Society of America (IDSA) guidelines. Dr. Lynch stated that all beneficiaries continue to be required to have a baseline HCV-RNA level and comprehensive metabolic panel before initiating treatment, and that while there are analytical limitations including a lack

	of clinical data, prescribing trends remain in line with guidelines and there is very limited evidence of retreatment over time (< 20 beneficiaries). Dr. Lynch reported that this is a similar finding as the three prior annual reviews of HCV treatment, and asked the Board for input on the appropriate frequency for reviewing HCV drug utilization, and whether this was still something the Board wanted to be reviewed annually. Dr. Albertson stated he thought this topic could sunset this year. Dr. Wong asked if the review could instead be modified to analyze potential geographic differences in testing and treatment. Dr. Wong stated he would like to see more information about the percentage of patients who initiate treatment for HCV infection, using all beneficiaries who test positive for HCV infection as the denominator. Dr. Wong noted that stratifying those data by region in California could identify potential areas in the state that could benefit from additional outreach. Mr. Walker noted that there would be some data issues with this approach, given claims data would be unable to capture any HCV testing or treatment done prior to enrollment in Medi-Cal. Ms. Fingado stated she would keep the annual HCV treatment review on the agenda for 2021, and would try to establish some baseline numbers of those beneficiaries testing positive for HCV infection and the percentage of those initiating treatment. • Beers Criteria Drugs: Calendar Year 2019 – Dr. Lynch noted that in May 2019 the Board recommended a retrospective DUR review to identify the total number of Medi-Cal beneficiaries age 65 years and older not eligible for Medicare (FFS and MCP), to review literature for the typical cutoff age for Beers list interventions and to analyze paid claims for these drugs. She then presented data on Medi-Cal beneficiaries (FFS and MCP enrollees) 65 years of age or older that were not dually eligible for Medicare. The measurement year was calendar year 2019 (1/1/19-12/31/19) and drugs were identified using the most recent National Drug Code (NDC) list from the "Use of High-risk Medications in Older Adults (DAE)" HEDIS® measure. Dr. Lynch reported the top 20 drugs by utilizing beneficiaries in both the Medi-Cal FFS and MCP populations. Dr. Lynch noted that FFS non-duals with a paid claim for a DAE drug represented 4% of all FFS beneficiaries 65+ years of age and 19% of all FFS non-duals, while MCP non-duals with a paid claim for a DAE drug represented 6% of all MCP beneficiaries 65+ years of age and 21% of all MCP non-duals. Dr. Lynch stated that the rate of beneficiaries with at least one high-risk medication (19% FFS and 21% MCP) is slightly higher than national averages for Medicare beneficiaries, which was 14.6% (HMO) and 13.5% (PPO) in 2018. Dr. Lynch suggested there may be opportunities for educational outreach within this population, as the non-dual 65+ years of age population has not been the focus of any outreach. She proposed cough/cold/allergy medicines could be one area with high impact. **b**. Looking Ahead: Call for future meeting agenda topics i. Health Plan of San Joaquin – Smoking Cessation
6) PUBLIC COMMENTS	• There were no public comments.
7) CONSENT AGENDA	• The next Board meeting will be held from 9:30 a.m. to 3:00 p.m. on September 15, 2020, in the DHCS 1st Floor Conference Room located at 1700 K Street, Sacramento, CA 95814. Ms. Chan stated that a decision about whether to hold this meeting in person or exclusively via webinar has not yet been made at this time.
8) ADJOURNMENT	• The meeting was adjourned at 12:42 p.m.

Action Items	Ownership
Post the February 25, 2020, Board meeting minutes to the DUR website.	Amanda
The DUR Board recommendation to have input in the development of the All Plan Letter (APL) involving managed care plan (MCP) activities of care coordination, medication adherence, and fraud, waste and abuse (FWA) will be submitted to DHCS.	DHCS